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## APPLICANTS

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\*\* CONTINUING DATA *DPV* \*\*\*\*\*\*\* FOREIGN APPLICATIONS *DPV* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 22	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>DPV</i>				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>DPV</i>				

## ADDRESS

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## TITLE

Method and system for assisting in the reconstruction of an image database over a communication network

<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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